Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

200208009-1

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT (Column 1) (Column 2) TYPE OR SMALL ENTITY   |  |   |               |                                |                              |                  |                   |                        |          |                     |                        |
|---|--|---|---------------|--------------------------------|------------------------------|------------------|-------------------|------------------------|----------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 20            |                                |                              |                  | RATE              | FEE                    | <b>1</b> | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED  |                                | NUMBI                        | ER EXTRA         | BASIC F           | EE 375.00              | OR       | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20minus 20=   |                                | *                            |                  | X\$ 9=            |                        | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =   |                                | *                            | *                |                   |                        | OR       | X84=                |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT        |                                |                              |                  | +140=             |                        | OR       | +280=               |                        |
| *  f  | the difference                                 | in column 1 is                            | less than ze  | ro, enter                      | r."0" in c                   | olumn 2          | TOTA              |                        | OR       | TOTAL               | 750                    |
|   | CI   | LAIMS AS A<br>(Column 1)                  | MENDED        | (Colur                         | mn 2)                        | (Column 3)       |                   | L ENTITY               | OR       | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus         | **                             |                              | =                | X\$ 9=            |                        | OR       | X\$18=              |                        |
|   | Independent                                    | *<br>NTATION OF MU                        | Minus         | ***                            | T CT AIM                     | =                | X42=              |                        | OR       | X84=                | Line                   |
|   | FINOTENEOL                                     | MAHON OF THE                              | JLI IF LL OL. | CINDLIN                        | ,                            | <u> </u>         | +140=             |                        | OR       | +280=               | j.                     |
|   |  |   |               |                                |                              |                  | TOTA<br>ADDIT. FE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                                |                              |                  |                   |                        |          |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID  | IBER<br>OUSLY                | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total  | *   | Minus         | **                             |                              | =                | X\$ 9=            | :                      | OR       | X\$18=              |                        |
| AME   | Independent                                    | *   | Minus         | ***                            | T CL AIM                     | =                | X42=              | *                      | OR       | X84=                |                        |
|   | PINST PRESE                                    | NTATION OF MU                             | JETIPLE DEF   | ENDEN                          | CLAIIVI                      |                  | +140=             | :                      | OR       | +280=               |                        |
| 2   |  |   |               |                                |                              |                  | TOT.              |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |               | (Colur                         |                              | (Column 3)       |                   | -                      |          |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | PREVIO                         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus         | ** -                           | *                            | =                | X\$ 9=            |                        | OR       | X\$18=              | 7° 3                   |
|   | Independent                                    | *   | Minus         | ***                            | TOL AIM                      | ]=               | X42=              |                        | OR       | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                |                              |                  | +140=             |                        | OR       | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |               |                                |                              |                  |                   |                        | OR       | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |               |                                |                              |                  |                   |                        |          |                     |                        |